Measure Name	Topic Area	NQF	Steward	Description	Numerator	Denominator
Low Acuity Non-Emergency (LANE) Department Visits	Access	NA	DHCF	Identifies instances when Medicaid enrollees would not have needed to make a trip to the emergency room if they had received effective outreach, care coordination and access to preventive care.		
Potentially Avoidable Hospitalizations	Access	NA	DHCF/NCQA	The number of hospitalizations among eligible adults for specific ambulatory care conditions that may have been prevented through appropriate outpatient care. The conditions are based on the National Quality Forum endorsed Prevention Quality Indicators (PQI), developed by Agency for Healthcare Research and Quality.	The number of acute inpatient discharges during the measurement year with a diagnosis of an ambulatory care sensitive condition (ACSC) per 1,000 members. Data are reported in the following categories: • Number of hospitalizations for acute ACSC. • Number of hospitalizations for chronic ACSC. • Total number of hospitalizations for all ACSC. • Expected count of hospitalization for acute ACSC. • Expected count of hospitalization for chronic ACSC. • Expected count of hospitalization for all ACSC. • Chronic ACSC: Diabetes short-term complications, Diabetes long-term complications, Uncontrolled diabetes, Lower-extremity amputation among patients with diabetes, COPD, Asthma, Hypertension, Heart failure. • Acute ACSC: Bacterial pneumonia, Urinary tract infection, Cellulitis., Pressure ulcer.	
Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	Behavioral Health	0418	Centers for Medicare & Medicaid Services	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	Patient's screening for clinical depression using an age appropriate standardized tool AND follow-up plan is documented. Standardized Tool – Some examples of depression screening tools include but are not limited to: • Adult Screening Tools (18 years and older) Patient Health Questionnaire (PHQ9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety-Depression Scale (DADS), Geriatric Depression Scale Depression Scale (SDS), and PRIME MD-PHQ2 • Adolescent Screening Tools (12-17 years) Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire, Center for Epidemiologic Studies Depression Scale (CES-D) and PRIME MD-PHQ2	All patients aged 12 years and older
Plan All-Cause Readmission	Care Coordination	1768	NCQA	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays* (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission	All of the admissions within 30 days from the index discharge date incurred by the patients in the denominator. The readmission identification period is: The begin date of the Index Exclusion to (The end Date of Index Discharge + 30). For example, if the Index Discharge Identification period is 1/1/6 to 12/31/2006, the readmissions identification period is: 1/1/06 to 1/30/07 Exclusions: 1) Readmissions related to baby delivery (DRGs 370-375) are excluded	A claim with any revenue code between 100 and 219 is considered an inpatient stay. If a claim identified as inpatient also has a Place of Service 31 or 32 or has a bill type starting with '2', then it is reclassified as a skilled nursing facility claim and excluded from the readmission analysis.
Controlling High Blood Pressure	Heart Disease	0018	NCQA	The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 for ages 59 and younger and) during the measurement year.	Patients age 60 and older less than 150 /90 mmHg and patients age 59 and younger less than 140/90 during the measurement period.	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period
Adult Body Mass Index (BMI) Assessment			NCQA	Percentage of enrollees ages 18 to 74 who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year		

Follow-Up After Hospitalization for Mental Illness	Behavioral Health	0576	NCQA	Percentage of discharges for enrollees age 6 and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge		
Care Transition – Timely Transmission of Transition Record	Care Coordination		AMA-PCPI	Percentage of enrollees discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility, Health Home provider or primary physician, or other health care professional designated for follow-up care within 24 hours of discharge		
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Behavioral Health		NCQA	Percentage of enrollees age 13 and older with a new episode of alcohol or other drug (AOD) dependence who: (a) Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis (b) Initiated treatment and had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit		
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite	Chronic Condition		AHRQ	The total number of hospital admissions for chronic conditions per 100,000 enrollees age 18 and older		